

Lesson no. 3 Watermelon.

Please read lesson no. 27 Watermelon in my book part-2 page no. 8



- **Watermelon:-**

Watermelon is mentioned in Hadith of Tirmizi, Abu Dawud, Shama'il Muhammadiyah & Faizul Qadeer. Read the lesson on watermelon & science & Hadees column on page no. 10 in part 2 in my book. Watermelon is a widely eaten fruit throughout the world, every age human like to eat it because of its delicious taste, red colour, cheap and easy availability. It has lot of health benefits and was liked by Prophet Muhammad (s.a.w) the last Prophet of Allah (Al-Mighty); Prophet Muhammad (s.a.w) use to eat it with dates, making both neutralized with each other. It is best when eaten with dates on empty stomach probably early morning or between two meals. It is best summer fruit though can be eaten whole year, can be eaten in all disease even diabetic can eat it but in little quantity, new researches suggest that it is a natural viagra & increases libido in both male & females.

- **NAMES:**

1. It is called Bathikh (البطيخ) in old Arabic.
2. In new Arabic Mash melon is called as Bathikh.(البطيخ)
3. In new Arabic watermelon is called as Jabjab.
4. In Hadees watermelon is called as Bathikh.(البطيخ)
5. According to scholars, Bathikh (البطيخ) mentioned in Hadees is watermelon.
6. But many scholars consider Bathikh as Mashmelon (Kharbuza).
7. We can consider both.
8. In English it is called as Watermelon.
9. In Hindi & Urdu it is called as Kalingar, Tarbuz.

Please visit my website www.tib-e-nabi-for-you.com for detail Islamic study on watermelon. It is mentioned in following books of Hadith (reference are also given as Hadith number) Tirmizi : 1843; Shamil Muhammadiya : 199; Abu Dawud : 3836; Faizul Qadeer : 10014.

- **Watermelon plant:-**



Watermelon plant is a flowering scrambling & trailing annual plant, having large edible juicy watery fruit, its plant grow in tropical & subtropical areas worldwide, it is called as *Citrullus lanatus* in Latin and its family is Cucurbitaceae.

- **Stems & Leaves: -**



Its stems are 10 feet long & newly grown has yellow hairs on it, leaves are 60 to 200-mm-long & 40 to 150-mm wide, leaves are lobate shaped. The leaves get stiff & rough when get older.

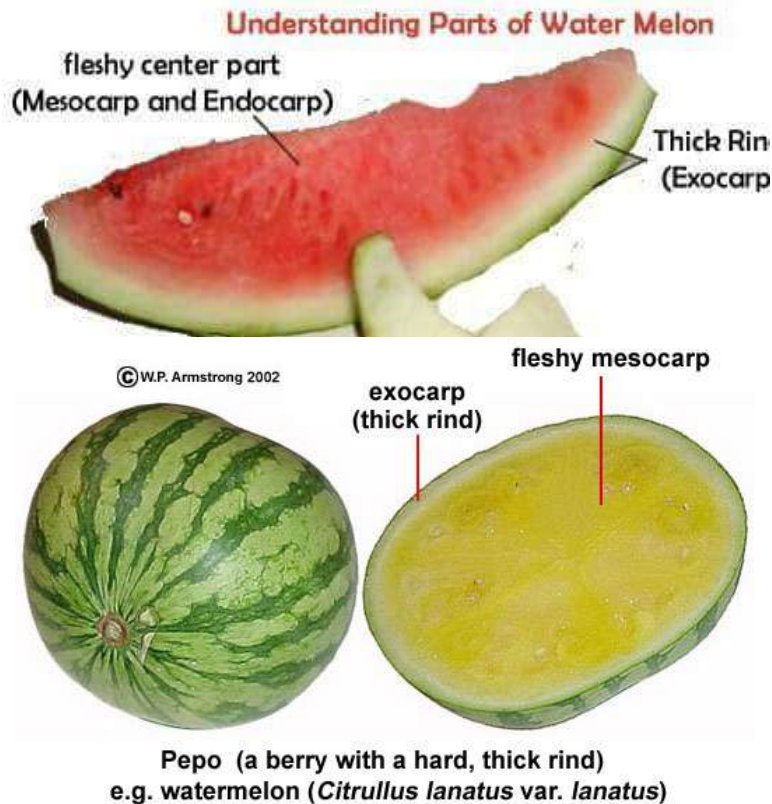
- **Flowers: -**



Its plant has unisexual flowers (both male & female flowers on the same plant) of yellow colour & green colour at the back; flowers are on 40-mm-long hairy stalks,

- **Fruit: -**





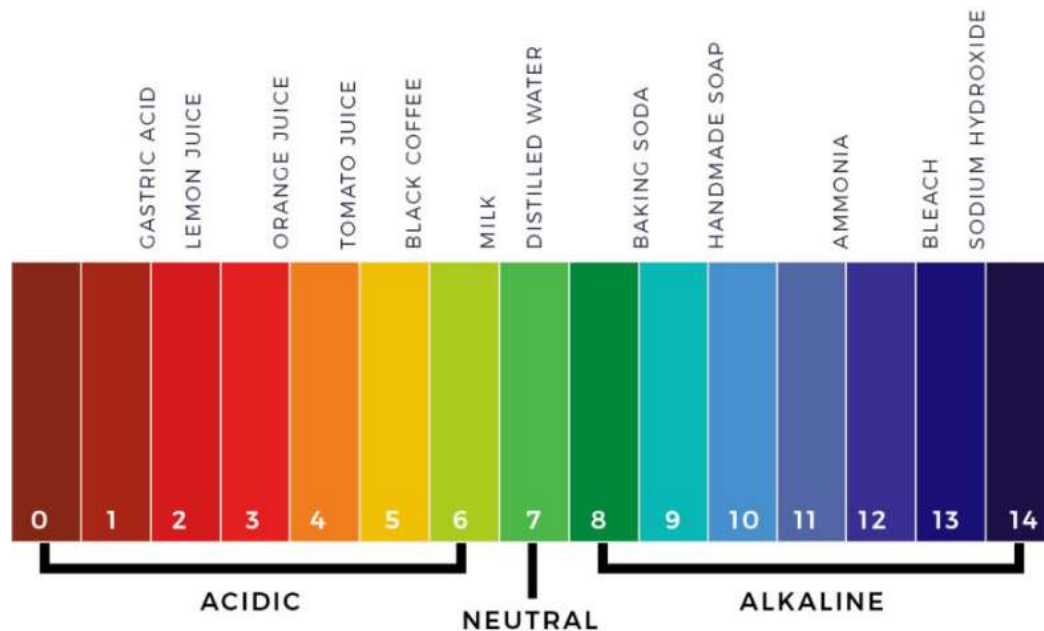
The fruits are of various sizes, round or oval shape, the exocarp (outer layer) is greenish colour mostly (some region produce yellowish exocarp) mottled or striped on it, the mesocarp & the endocarp (inner fruit) is reddish in colour, in some region it is of yellowish colour. The fruit is watery, juicy & sweet tasted, it contains 91% water, 6% sugar & is low in fats, it has very low calories (100 grams have only 30 calories) & many health benefits, it has most of the vital vitamins & minerals, it also has Citrulline (an amino acid) that is meant as natural viagra for male & increase libido in females. Watermelon also controls blood pressure, good for heart & kidneys, it is a powerful antioxidant, improve sleep & etc.

- **pH of watermelon is** between 5.2 and 5.8; it is little acidic because its pH is below 7.

pH is a measure of hydrogen ion concentration, a measure of the acidity or alkalinity of a solution. The pH scale usually ranges from 0 to 14. Aqueous solutions at 25°C with a pH less than 7 are acidic, while those with a pH greater than 7 are basic or alkaline & 7 is neutral; only aqueous solutions have pH levels, vegetable oil has no pH value. Likewise, other oils such as animal and petrochemical oils also have no pH value. ... Fatty acids are organic molecules often found in foods, including vegetable oils.

The pH of pure water is 7. In general, water with a pH lower than 7 is considered acidic, and with a pH greater than 7 is considered alkaline. The normal range for pH in surface water systems is 6.5 to 8.5, and the pH range for groundwater systems is between 6 and 8.5. We can add normal water to reduce the acidity.

It is Sunnat of Prophet Muhammed (s.a.w) to mixe acidic with Alkaline to make it neutral or less acidic that why He use eat dates with watermelon or cucumber or dry dates with little butter; so you can mix one acidic with alkaline; also it is Sunnat to drink honey mixed in water; also dates or raisins soaked in water over night & drink the syrup (sharbat). Remember do not soak dates & raisin together at one time; soak at separate time & drink.



- **Calories: -**

Watermelon is a low calories fruit (helpful in weight control) 100 grams of it gives only 30 calories.

- **Glycemic index & Glycemic load of watermelon: -**

Glycemic index of watermelon is 72 it is high; glycemic load is 4 per 120 grams serving its low GL.

A food is considered to have a low Glycemic index (GI) if it is 55 or less; mid-range GI if 56 to 69 & high GI if 70 or more. Glycemic index is a number. It gives you an idea about how fast your body converts the carbs in a food into glucose.

A low Glycemic load (GL) is between 1 and 10; a moderate GL is 11 to 19; and a high GL is 20 or higher. For those with diabetes, you want your diet to have GL values as low as possible.

The glycemic load (GL) of food is a number that estimates how much the food will raise a person's blood glucose level after eating it. Glycemic load accounts for how much carbohydrate is in the food and how much each gram of carbohydrate in the food raises blood glucose levels.

- **Gross health benefits & indications of watermelon: -**

Good in erectile dysfunctioning, increases libido, it is a powerful antioxidant, prevents blood pressure, helpful for heart, prevent cardio vascular disease, good for liver, kidney, spleen, intestines, very helpful for constipation thus good in piles, fissure; maintains weight, good in obesity, reduces risk of various cancers, reduces lipids in blood, reduces inflammation, can be eaten in diabetes & pregnancy in little quantity, increases hemoglobin, makes bones stronger, helpful in many bodies enzymatic functions, good for pre & post workout, removes toxins & free radicals from the body, helpful in prostate gland diseases, asthma, eye sight, complexion, skin, nails, hair, loose motions (because of zinc in it), acidity etc.

- **Modern uses of watermelon: -**

For general health: -

Best time to eat watermelon is on empty stomach with dates, take 7 pieces of watermelon & 3 dates, refer page no. 10 & 11 of my book part 2; it is Sunnah to eat both together; it is best for general health, both neutralize each other thus becomes an ideal eatable, it will clean the intestine & give the required nutrition with lots of other benefits, eat once or twice a week on empty stomach.

During pregnancy: -

Watermelon eases heart burn, reduces swelling, morning sickness in pregnancy period, also hydrate the body, provides essential minerals & nutrition; it prevents muscles cramps, reduces risk of pre-eclampsia,

it also helps in fetus bone, brain & nervous system development; Eat 7 pieces of watermelon with 1 dates twice or thrice a week for whole 9 months of pregnancy, do not apply salt on it.

For erectile dysfunction: -

Watermelon increases the blood flow in penis thus improves erection (refer contents of watermelon citrulline column written above). Eat 11 pieces of watermelon with 5 dates at 7.00 pm on empty stomach daily for 40 days. Increase the amount of watermelon if you get poor result, maximum 3 slices at one time with 7 dates.

For complexion: -

Eat 7 pieces of watermelon daily on empty stomach early morning with 1 table spoon honey daily for 11 days then alternative 11 days then once a week for 11 weeks. Rub watermelon & little extra virgin olive oil in the morning on face & cucumber & little extra virgin olive oil at evening daily for 15 days then alternative days for 40 days, wash your face with luke warm water after 15 minutes.

For weight loss: -

Eat 11 pieces of watermelon with 1 table spoon of extra virgin olive oil half hour before lunch (lick olive oil first & eat watermelon) & before dinner for 40 days then once before lunch for 40 days followed by alternative days for 40 days.

For Blood pressure: -

Eat 7 pieces of watermelon with 1 teaspoon of extra virgin olive oil early morning before 7.00 am & evening 5.30 pm (lick olive oil first and eat watermelon); do not leave your blood pressure medicine suddenly but monitor the blood pressure daily & consult your doctor or leave the medicine gradually if blood pressure is normal continuously & monitor it daily after leaving the medicines if your BP is normal continue taking watermelon & olive oil.

For acidity & cardiac (heart) health: -

Lick one table spoon of extra virgin olive oil, 1 spoon of honey, 1 spoon of aloe vera gel & drink 1 cup water on it empty stomach morning & evening 6.00 pm for 15 days or more.

For proper sleeps: -

Eat 7 pieces of watermelon, 1 almond, 1 walnut, 1 cup cow milk at night 2 hour before sleep, for 40 days; but eat your dinner sooner & light. Avoid lot of talking, mobile using etc 1 hour before sleep.

- **Contents/constituents of watermelon fruit: -** (its value may differ from watermelon of different regions): -

All contents may not present in all types of it, because there are many varieties of it according to geographical regions & content may differ a lot as per cultivation, soil, seed, climate etc.

It contains water 91%, all nutrients are soaked in watermelon fluid present in it, carbohydrate 7%, dietary fibre 0.4%, Citrulline 0.6%, sodium very little, sugar 6%, vitamin A 0.06%, E, K, vitamin C 0.8%, vitamin B1 0.003%, B2 0.002%, B3 0.01%, B6 0.03%, B5 0.04%, folate 0.02%, choline 0.04%, iron 0.03%, calcium 0.07%, magnesium 0.1%, manganese 0.004%, phosphorus 0.11%, potassium 0.112%, zinc 0.01%, lycopene 0.5%, copper 0.0042%, betaine 0.03%, selenium 0.04%, boron, biotin, chloride, cryptoxanthin, lutein & zeaxanthin etc.

The above ingredients are based on scientific study, means these has been indentified, known & learnt by modern science, it does not means that it contains only these ingredients, there may be many more ingredients which are yet to be discovered, learnt & known by modern science.

Active ingredient of watermelon is citrulline.

A good quality watermelon has following amino acids in it in very little amount.

Amino acids	watermelon	Honeydew melon	Musk melon
Weight (g)	154 grams	170 grams	177 grams
Tryptophan(mg)	11	9	4

(% RDI)	(4%)	(3%)	(1%)
Threonine(mg) (% RDI)	42 (4%)	22 (2%)	30 (3%)
Isoleucine(mg) (% RDI)	29 (2%)	22 (2%)	37 (3%)
Leucine(mg) (% RDI)	28 (1%)	27 (1%)	51 (2%)
Lysine(mg) (% RDI)	95 (5%)	31 (1%)	53 (3%)
Methionine(mg) (% RDI)	9 (1%)	9 (1%)	21 (3%)
Cystine(mg) (% RDI)	3 (1%)	9 (3%)	4 (1%)
Phenylalanine(mg) (% RDI)	23 (3%)	26 (3%)	41 (5%)
Tyrosine(mg) (% RDI)	18 (2%)	17 (2%)	25 (3%)
Valine(mg) (% RDI)	25 (1%)	31 (2%)	58 (3%)
Histidine(mg) (% RDI)	9 (1%)	9 (1%)	27 (4%)
Arginine(mg)	91	24	51
Alanine(mg)	26	75	168
Aspartic acid(mg)	60	150	241
Betaine(mg)	0	~	0
Glutamic acid(mg)	97	260	370
Glycine(mg)	15	27	46
Proline(mg)	37	20	34
Serine(mg)	25	39	74

- **Basic pharmacology of contents of watermelon that are naturally present & not synthetic: -**

Citrulline: -

It is a non-essential amino acid; it is an organic compound, its name citrulline is derived from Latin name of watermelon Citrullus lanatus.

Main sources of citrulline: -

Watermelon, fresh spinach, garlic, onion, cloves, legumes, nut, fish, meat etc. (watermelon is loaded with it)

Basic pharmacokinetics of citrulline (based on human intake in natural food products): -

It is absorbed in proximal small bowels (still in research) through sodium dependant transporters & from intestine it is send in liver without major metabolism & reaches the blood circulation, then reaches the kidneys, 83% of citrulline present in the blood is taken up by kidneys (kidneys can take up 1.5 grams of it per day), the kidneys change it into Arginine (amino acid) & Nitric oxide.

Basic clinical pharmacology of citrulline: -

Arginine & nitric oxide are helpful for heart & blood vessel health & help in keeping high blood pressure normal. It increases the blood flow in the body by dilating the blood vessels (arteries & veins) & thus helpful to body builders (they should eat watermelon pre & post workout) it also increases blood flow in penis during erection thus helpful in erectile dysfunctioning it is therefore called as natural viagra for male, also blood flow to clitoris (tiny female sex organ) increases and thus increases libido in female. Citrulline is biomarker of intestinal function; it plays important role in urea cycle (it helps in converting ammonia into urea in liver which is toxic to liver thus detox the liver).

- **Lycopene: -**

It is a phytochemical of bright red colour carotene & carotenoid; it gives the red colour to the watermelon & other vegetables & fruits like tomato, pink guava, pink grapes, papaya etc. but it is not found in cherry & strawberries, although lycopene is chemically carotene but it has no vitamin A.

Main sources of lycopene: -

It is present in watermelon, olive, pink grapes, papaya, pink guava etc.

Basic pharmacokinetics of lycopene (based on human intake in natural food products): -

Absorption of it requires bile salts & fats to form a colloidal liquid & mostly absorbed in intestines. It is stored in the body in liver, testes, adrenal glands, ovaries, lungs, prostate gland & plasma; its excretion is not unknown. But if taken in higher doses it was found to be excreted in urine & stools both depending on the dose but when intake in natural fruits or vegetables the amount of it present is very little, that do not matter how it is excreted.

Basic clinical pharmacology of lycopene: -

It is a powerful antioxidant & anti inflammatory thus prevents many types of cancers; it also reduces risk of cardio vascular disease because it helps in keeping the blood pressure normal; it prevents skin from various changes & degeneration, due its antioxidant action cleaning the skin from harmful effects of UV rays; it removes free radicals from the body which float in the body disrupting cells & causing deadly diseases like cancer, asthma, auto-immune diseases etc; it is also helpful in hair health & its problems; it inhibit 5 alpha reductase (means dihydrotestosterone blocker) & reduces PSA (prostate specific antigen) thus helpful in prostate enlargement & prostate cancer; also makes bones strong.

- **Potassium: -**

It is a mineral with symbol K & atomic number 19, it is an essential mineral which body cannot prepare; it is necessary for heart, kidney & other organs to function, its low level in body is called as hypokalemia & high level is called as hyperkalemia; it is mostly present inside the cells (intracellular); normal blood range is 3.5 to 5.0 milli equivalents per/liter (mEq/L).

Main sources of potassium: -

Potassium is naturally present in Banana, orange, dates, raisin, broccoli, milk, chicken, sweet potato, pumpkin, spinach, watermelon, coconut water, white & black beans, potato, dried apricot, beetroot, pomegranate, almond etc.

Basic pharmacokinetics of potassium (bases on human intake in natural food products): -

It is absorbed in small intestines by passive diffusion; it is stored mostly inside the cell, little in liver, bones & red blood cells. 80 to 90% potassium is excreted in urine & 5 to 20% is excreted in stools, sweat.

Basic clinical pharmacology of potassium: -

It is a mineral belongs to electrolytes of the body; it conducts electrical impulses throughout the body & assists blood pressure, normal water balance, muscle contraction, nerves impulse, digestion, heart rhythm, maintain pH balance. It is not produced in our body so we need to consume it through eating; Kidneys maintain normal level of it in the body by excreting excessive amount of it in urine or reabsorb it if the amount is less in the body so that the body may reuse it. Its deficiency may cause weakness, low blood pressure, constipation, nausea, vomiting etc.

Its normal amount in body keeps blood pressure normal; water balance in body normal; prevents heart disease, stroke, osteoporosis, kidney stone etc.

- **Carbohydrate: -**

It is a macronutrient needed by the body, the body receives 4 calories per 1 gram of it; carbohydrates include sugar, glycogen, starch, dextrin, fibre & cellulose that contain only oxygen, carbon & hydrogen. It is classified in simple & complex; simple carbs are sugar & complex carbs are fibre & starch which take longer to digest. It is basic source of energy for our body.

Main sources of carbohydrates: -

It is present in watermelon (little), potato, sweet potato, bread, oats, butter, white rice, whole grain rice, pasta, lentils, banana, pineapple etc.

Basic pharmacokinetic of carbohydrate (based on human intake in natural food products):

Its digestion begins in mouth; salivary glands release saliva & salivary amylase (enzyme) which begins the process of breaking down the polysaccharides (carbohydrates) while chewing the food; now the chewed food bolus is passed in stomach through food pipe (esophagus); gastric juice like HCL, rennin etc & eaten material are churned to form chyme in the stomach; the chyme now is passed little by little down into duodenum, pancreatic amylase are released which break the polysaccharides down into disaccharide (chain of only sugars linked together); now the chyme passes to small intestine, in it enzymes called lactase, sucrase, maltase etc breakdown disaccharides into monosaccharide (single sugar) & absorbed in upper & lower intestines, through villi present in small intestine & send into liver through venous blood present into portal veins, as per bodies need it is released in the blood stream & pancreas release insulin to use it as source of energy for the body, & extra is stored is converted into glycogen by liver & stored in liver & little is stored in muscles & tissues. Liver can reconverts glycogen in to sources of energy if body lacks for other source of energy, the undigested carbohydrates reaches the large intestine (colon) where it is partly broken down & digested by intestinal bacteria, the remains is excreted in stools.

Clinical pharmacology of carbohydrates: -

Carbohydrates are main sources of body energy, it helps brain, kidney, heart, muscles, central nervous system to function, it also regulates blood glucose, it acts on uses of protein as energy, breakdown of fatty acids & prevent ketosis. So watermelon is an instant energy provider for the body & best for pre & post workout. If we eat less carbohydrate it may lead to hypoglycemia, ketosis, frequent urination, fatigue, dizziness, headache, constipation, bad breath, dehydration etc.

Excessive intake of carbohydrates may lead to vascular disease, atherosclerosis (leads to narrowing of arteries, stroke, diabetes, obesity, fatty liver, blood pressure etc.

- **Vitamin C: -**

It is also called as Ascorbic acid; it is an essential water soluble vitamin, it is very much needed by the body for many functions & absorption etc.

Main sources of vitamin C: -

It is present in watermelon, citrus fruit, broccoli, cauliflower, sprouts, capsicums, papaya, strawberry, spinach, green & red chillies, cabbage, leafy vegetables, tomato, cereals etc.

Basic pharmacokinetic of vitamin C (based on human intake in natural food products): -

It does not need to undergo digestion, 80 to 90% of it eaten is absorbed by intestine cell border by active transport & passive diffusion & through ion channels it enters the plasma via capillaries. It is very little stored in adrenal glands, pituitary gland, brain, eyes, ovaries, testes, liver, spleen, heart, kidneys, lungs, pancreas & muscles. All together body can store 5 grams of it & we need 200mg/day in order to maintain its normal level & uses, but old, disease person, smokers & alcoholic need more daily value. It is excreted in urine in the form of dehydroascorbic acid changed by liver & kidneys both, but unused vitamin C is excreted intact.

Basic clinical pharmacology of vitamin C: -

It prevent cough & cold, repairs tissue, acts as an enzyme for certain neurotransmitter, important for immune function, it is a powerful antioxidant (donates electron to various enzymatic & non-enzymatic reactions); body prepares collagen with the help of vitamin c; it is also helpful in Alzheimer's, dementia, acts on iron absorption, it protects the body from oxidative damages, reduces stiffness of arteries, reduces tendency of platelets to clump each other, improves nitric oxide activity (dilatation of blood vessels) thus prevents high blood pressure & heart disease, also prevent eye disease, reduces risk of cataract, prevents the lining of lungs & prevents lung disease, it is a natural antihistamine (anti allergy),

eliminates toxins from the body etc. Deficiency of it causes Scurvy disease (brown spots on skin occurs, swelling of gums, bleeding from all mucous membrane, spots are more on thighs & legs, the person looks pale, feel depressed, cannot move, loss of teeth, suppurative wounds occur.

- **Vitamin A: -**

It is a fat soluble vitamin; it is group of unsaturated organic compound that includes retinol, retinal, retinoic acid & several provitamin A carotenoid. There are 2 types of vitamin A, 1) Vitamin A: - found in meat, poultry, fish & dairy products; 2) Provitamin A: - found in fruits, vegetables, plants; beta carotene is common type of provitamin A; it is an antioxidant, reduces wrinkles & repairs the skin damages; it is available in the market as tretinoin in tablets & creams to heal acne.

Main sources of vitamin A: -

It is present in watermelon, fish oil, carrot, green leafy vegetables, citrus fruit, sweet potato, spinach, kale etc.

Basic pharmacokinetic of vitamin A (based on human intake in natural food products): -

It is absorbed in jejunum mainly, little through skin; metabolism is in liver & excreted in urine & stools, it is conjugated with glucuronic acid & then changed into retinal & retinoic acid; retinoic acid is excreted in stool, mainly. It is stored primarily as palmitate in Kupffer's cells of liver, normal adult liver stores sufficient amount of it which is enough for 2 years for the body, little is stored in kidneys, lungs, adrenal glands, fats, retina; it is excreted in urine & stools.

Clinical pharmacology of vitamin A: -

it is needed by the body for vision and maintains eye health specially retina; it prevents night blindness; it helps in normal reproduction of cells thus prevents cancer; it is required for proper growth & development of embryo throughout the pregnancy period, it is good for skin, supports immune function; helps the heart, kidneys & lungs to work properly.

- **Vitamin B1 (Thiamin): -**

It is called as Thiamin also; it is a water soluble vitamin, it belongs to B-complex family, it is an essential micro nutrient which cannot be made by our body.

Main sources of vitamin B1: -

It is present in watermelon, spinach, legumes, banana, wheat germ, liver, egg, meat, dairy products, nuts, peas, fruits, vegetables, cereals, rice, breads, oats etc.

Basic pharmacokinetic of vitamin B1 (based on human intake in natural food products): -

Intestinal phosphatases hydrolyze thiamin to make it free & absorbed in duodenum, jejunum mainly through active transport in nutritional doses & passive diffusion in pharmacological doses, very little is known about its absorption; it is metabolized in liver; it is excreted in urine & stored little in liver, heart, kidney, brain, muscles.

Clinical pharmacology of vitamin B1: -

It is needed for metabolism of glucose, amino acids (proteins), lipids (fats) etc; every cell of the body require it to form ATP (adenosine triphosphate) as a fuel for energy, also it enables the body to use carbohydrates as sources of energy; also nerve cells, heart cells, muscles cell require it to function normally; its deficiency causes beri-beri heart disease, weight loss, confusion, malaise, optic neuropathy, irritability, memory loss, delirium, muscles weakness, loss of appetite, tingling sensation in arms & legs, blurry vision, nausea, vomiting, reduce refluxes, shortness of breath etc; it is helpful to immune system; excessive intake of carbohydrates, protein, glucose (specially in body builders, athletes etc) increases the need of vitamin B1.

- **Vitamin B2: -**

It is also called as Riboflavin, it is a water soluble vitamin, it is an essential micro nutrient, it helps many systems of the body; it is not synthesized in human body.

Main sources of vitamin B2: -

It is present in watermelon, liver, milk, dairy products, nuts, egg, fish, leafy vegetables, almonds, mushroom, lean meat,

Basic pharmacokinetic of vitamin B2 (based on human intake in natural food products): -

It is phosphorylated in the intestinal mucosa during absorption; mainly absorbed in upper gastrointestinal tract; the body absorbs little from a single dose beyond of 27mg; when excessive amount is eaten it is not absorbed; very little is known about its absorption. The conversion of it into its coenzymes takes place mainly in cells of small intestines, heart, liver, kidneys & throughout the body in many cells; it is excreted in urine & stored little in liver, heart, kidneys & in tissues of the body.

Basic clinical pharmacology of vitamin B2: -

It is needed by the body to keep skin, eyes, nerves, red blood cells healthy, it also helps adrenal gland, nerve cells, heart, brain to function; it also act in metabolism of food, amino acids (protein), fats, helps to convert carbohydrate into energy (Adenosine triphosphate formation- the energy body runs on). It plays an important role in functioning of mitochondria.

Its deficiency is called as Ariboflavinosis & causes weakness, throat swelling, soreness of mouth & tongue, cracks on skin, dermatitis, anemia, weak vision, itching & irritation in eyes, migraine.

- **Vitamin B3: -**

It is called as Niacin or Nicotinic acid; it is in 2 forms niacin & nicotinamide acid; it is water soluble vitamin; it is an essential micro nutrient; it plays a role in over 200 enzymatic reactions in the body; It is produced in the body in small amount from tryptophan which is found in protein containing food & sufficient amount of magnesium, vitamin B6 & B2 (are needed to produce it).

Main sources of vitamin B3: -

It is present in watermelon, green peas, peanuts, mushroom, avocados, meat, egg, fish, milk, cereal, green vegetables, liver, chicken, coffee, potato, corn, pumpkin, tomato, almonds, spinach, enriched bread, carrots etc.

Basic pharmacokinetic of vitamin B3 (based on human intake in natural food products): -

If eaten in natural form it is absorbed in stomach & small intestines by the process of sodium-dependent carrier-mediated diffusion in 5 to 20 minutes; if taken in therapeutic doses get absorbed by passive diffusion in small intestines. Its uptake in brain requires energy, in kidneys & red blood cells requires a carrier. It is metabolized in liver in 2 ways either is conjugated with glycine or niacin is form into nicotinamide; it is stored little in liver unbounded to enzymes. It is excreted in urine.

Basic clinical pharmacology of vitamin B3: -

It regulates lipid level in the body; it acts on carbohydrate to form energy sources for the body, it ease arthritis, boost brain function, every part of body needs it to function properly, it helps convert food into energy by aiding enzymes & cellular metabolism, it acts as an antioxidant. It prevents heart disease. Deficiency of it causes pellagra, high blood cholesterol, memory loss, fatigue, depression, diarrhea, headache, skin problems, lesion in mouth, tiredness etc.

- **Vitamin B5 (pantothenic acid): -**

It is also called as pantothenic acid, it is water soluble vitamin, it is a micro nutrient, it is necessary for making blood cells; acts to convert eaten proteins, carbohydrate, fats into energy; it is a component of

coenzyme A; it is used in synthesis of coenzyme A. (coenzyme A acts on transport of carbon atoms within the cell).

Main sources of vitamin B5: -

It is present in watermelon, meat, chicken, liver, kidney, fish, grains, milk, dairy products, legumes etc.

Basic pharmacokinetic of vitamin B5 (based on human intake in natural food products): -

It is converted into free form by intestinal enzymes & in nutritional doses it is absorbed in intestinal cells via sodium dependent active transport system in jejunum & pharmacological doses are absorbed by passive diffusion; after absorption the free form of it is now transported to erythrocytes via plasma, in cells pantothenic acid is converted into CoA, all the body tissues can convert it into CoA & ACP (acyl carrier protein), after these two complete their jobs they are degraded to form free pantothenic acid & other metabolites. It is excreted in urine & stools & little is exhaled in carbon dioxide.

Basic clinical pharmacology of vitamin B5: -

It promotes skin, hair & eyes health, proper functioning of nervous system & liver, formation of red blood cells, making of adrenal hormones, sex hormones; it is very helpful in constipation, rheumatoid arthritis, acne, allergies, asthma, baldness, colitis etc.

Its deficiency causes fatigue, nausea, vomiting, irritability, neurological weakness, numbness, abdominal cramps, sleep disturbances, hypoglycemia etc.

- **Vitamin B6: -**

It is also called as pyridoxine; it is involved in many aspects of macronutrients metabolism; it is present in many food products naturally.

Main sources of vitamin B6: -

It is present in watermelon, chicken, bread, egg, vegetable, soyabean, whole grain cereals, brown rice, fish, legumes, beef, nuts, beans, liver, citrus fruits, starchy vegetables, potato etc.

Basic pharmacokinetic of vitamin B6 (based on human intake in natural food products): -

It is absorbed in small intestines, but before absorption a phosphate group has to be removed making vitamin B 6 in free form & absorbed by passive transport, now reaches liver via portal vein, in liver to get metabolized & flown into the blood stream it is bound with albumin & some are taken up by red blood cells, once getting in blood it can function & promote health & it is excreted mainly in urine & little is excreted in stools, it is very little stored in tissues, muscle tissues, liver, brain, kidneys, spleen.

Basic clinical pharmacology of vitamin B6: -

It is needed for proper development & function of brain in children; it is needed for neurotransmitter, histamine, haemoglobin synthesis & function. It serves as coenzyme (cofactor) for many reactions in the body, it is the master vitamin for processing amino acids & some hormones, it is needed by the body to prepare serotonin, melatonin & dopamine, it is better to intake it during treatment of tuberculosis. It supports adrenal glands to function; it acts as a coenzyme in the breakdown & utilization of fats, carbohydrates, protein, it is important for immune system, it helps in treatment of nerve compression like carpal tunnel syndrome, premenstrual syndrome, depression, arthritis, high homocysteine level, diabetes, asthma, kidney stones etc.

Its deficiency causes seborrheic dermatitis (eruption on skin), atrophic glossitis with ulceration, conjunctivitis, neuropathy, anaemia etc.

- **Folate (vitamin B9): -**

Folate is an essential micro nutrient, it is a natural form of vitamin B9, it serves many important functions of the body, it plays an important role in cell growth & formation of DNA, RNA & other genetic

material & helps in treating many diseases; its name is derived from Latin word Folium, which means leaf, leafy vegetables have it in good amount; Folic acid is a synthetic form of vitamin B9.

Main sources of folate: -

It is present in watermelon, dark green leafy vegetables, fruits, nuts, beans, dates, seafood, egg, dairy products, meat, chicken, legumes, beetroot, citrus fruits, broccoli, spinach, cereals etc.

Basic pharmacokinetic of folate (based on human intake in natural food products): -

Its absorption is complicated because folate present in food are of many different forms, some of which cannot be absorbed until broken down by intestinal enzymes; it is not absorbed more than 50%; dietary folate contains glutamate that need to separate it from glutamate before absorption starts; It is absorbed in duodenum & jejunum, after absorption it is converted into tetrahydrofolate (the active form of folate), then a methyl group is added to it to form methyltetrahydrofolate; now the body uses it for various functions & metabolism; the body can store folate 20-70mg in liver which is enough for 3 -6 months for the body; it gets excreted in urine & little in stools & bile.

Basic clinical pharmacology of folate: -

It is needed by the body to make DNA, RNA & other genetic material; it prevents many disease & conditions like anaemia, stroke, cardiac diseases, cancers, neurological diseases, macular degeneration (eye disease), palpitation, sores in mouth & tongue, hair fall, graying of hair. It is important in fertilization in male & female, essential during pregnancy to prevent neural tube defect in embryo (it is needed more), it protect us from free radicals & oxidation thus prevent cancers, it is essential in red blood cells formation, reduces high levels of homocysteine.

Its deficiency may cause anaemia, tiredness, palpitation, breathlessness, hairfall, neural tube defect in baby during pregnancy etc.

- **Sodium: -**

Here we are learning natural sodium, its symbol is Na & atomic no. 11; it is not produced in the body we need to take it in food sources; it is an important & essential mineral on which our body functions; it regulates blood pressure, blood volume etc.

Main sources of sodium: -

Excessive intake of sodium should be avoided; watermelon has very less amount of sodium & called as a sodium free fruit; vegetables & fruits have less sodium in them which is good for the body. It is present in beans, meat, fish, chicken, chilli, bread, rolls, milk, celery, beetroot etc.

Basic pharmacokinetic of sodium (based on human intake in natural food products): -

It is absorbed in ileum by active sodium transport because it is impermeable & in jejunum absorption takes place via mediated active transport & depends on levels of water, bicarbonate, glucose, amino acids etc; its absorption plays an important role in the absorption of chloride, amino acids, glucose & water; similar mechanism are involved in the reabsorption of it in kidneys when its level in the body falls. It is excreted mainly in urine, little in sweat & stools. It is stores in bones & dissolved in various body fluids.

Basic clinical pharmacology of sodium: -

It is amongst the essential electrolyte within the body, it remains in extracellular fluid (outside the cell) mainly, it carries electrical charges within the body, kidney maintain its normal level in the body, normal level is 135-145 milli-equivalent per liter (mEq/L), it is not produce in the body, it acts on muscles contraction, nerve cells, regulates blood pressure, blood volume; it takes part in every function of the body mostly, its low level in body is called as hyponatremia, it is found more in older aged, kidney disease, heart disease, hospitalized patient, this condition may cause brain edema, low blood pressure, fatigue, tiredness etc; its high level in the body is called as hypernatremia may cause increase in blood

pressure, thirst, confusion, muscle twitching or spasm, seizures, weakness, nausea, loss of appetite, swelling in body etc.

- **Calcium: -**

It is natural essential mineral for the body, it is among the electrolytes of the body; its symbol is Ca & atomic no. 20.

Main sources of calcium: -

It is present in watermelon, milk, banana, cheese, green leafy vegetables, soya beans, nuts, fish, meat, egg, bread, flour, yogurt, almonds, kale, soybean, spinach etc.

Basic pharmacokinetics of calcium (based on human intake in natural food products): -

Calcium is absorbed in duodenum & upper jejunum (when calcium intake is low) by transcellular active transport process, this depends on action of calcitriol & intestinal vitamin D receptors & when calcium intake is high, absorbed by paracellular passive process throughout the length of small intestine by 3 major steps, entry across the brush border, intracellular diffusion via calcium-binding protein & extrusion; Vitamin D is necessary for absorption of calcium, also vitamin C, E, K, magnesium & exercise increases the absorption of calcium. Also the level of calcium is regulated by calcitonin released by thyroid gland it reduces calcium level in blood when it is excessive & increases the excretion of calcium via kidneys; Parathyroid hormones (PTH) released by parathyroid gland increases the blood level of calcium when body need it or calcium is less in blood & promotes reabsorption of it in kidneys (calcitonin & PTH both have opposite function). Intestines can absorb 500 to 600 mg of calcium at a time; it is mostly stored in bone tissues & teeth & excreted in stool & sweat & little in urine depended upon the level of it in blood. Also estrogen act on transport of blood calcium in bones thus women mostly suffer from osteoporosis after menopause.

Basic clinical pharmacology of calcium: -

Calcium acts on bone health, communication between brain & other parts of the body, muscles contraction, blood clotting; it is a co-factor for many enzymes, it relaxes the smooth muscles & blood vessels; it maintains heart rhythm, muscles function; it is more needed in childhood & deficiency of it in childhood may cause convulsions (seizure); Excessive level of it in blood is called as hypercalcemia & may lead to kidney stone formation, heart attack, stroke, loss of appetite, excessive urination, memory loss etc; its low level in blood is called as hypocalcemia & may lead to cramps in the body, weak bones, weak teeth, numbness, tingling etc.

Contraindication: -

Sarcoidosis, excessive level of calcium in blood, very severe constipation, kidney stones, increased activity of parathyroid gland etc. Hypersensitivity of calcium, severe cardiac diseases, hypercalcemia, hypercalciuria, severe kidney stones etc.

- **Iron: -**

It is an essential mineral for our body; its symbol is Fe & atomic no. 26; it is an important component of hemoglobin (hemoglobin binds oxygen in lungs & supply it to whole body, it is oxygen carrier).

Main sources of iron: -

It is present in watermelon, meat, dates, spinach, egg, nuts, dark leafy green vegetables, broccoli, pumpkin seeds, chicken, legumes, fish, banana, cabbage, kidney, almonds etc.

Meat is the best source of iron, it provides Fe⁺² directly which can be transported from intestine to blood stream through Fe⁺² transporter ferroportin (this binds with transferrin & delivered into tissues).

Basic pharmacokinetics of iron (based on human intake in natural food products): -

The absorption of iron is not known fully; about only 10% of iron taken in food is absorbed; it is absorbed in duodenum & upper jejunum mainly & at the end part of ileum; low pH is needed for its absorption, after absorption it get bind to transferring (each transferring can carry 2 atoms of iron); ceruloplasmin (protein) also helps in binding of iron; Hepcidin a hormone produced by liver is released when iron stores are full & inhibits iron transport & binding, thus reduces the absorption of iron; vitamin C & copper enhances iron absorption.

Storage of iron: -

Iron is stored in liver (in hepatocytes & kupffer's cells) kupffer's cells play an important role in recycling body iron, they ingest aged RBC liberate iron for it & reuse by breaking down heamoglobin. Little iron is stored in liver, heart, & kidneys in form of ferritin also little in bone marrow, spleen.

Excretion of iron: -

The body does not possess a physiological mechanism for regularly eliminating iron from the body because most of it is recycled by liver cells; iron is lost within cells, from skin & interior surface of the body (intestines, urine, breathe).

Basic clinical pharmacology of iron: -

It is an important component of Haemoglobin (heamoglobin bind oxygen in lungs & supply it to whole body); iron is beneficial for nails, hair, skin etc; it acts on blood production, its deficiency causes Anaemia (low haemoglobin level in blood) (this causes reduced in oxygen carrying capacity & supply of it); most of the iron is present in haemoglobin, it consist of one heme (iron), one protein chain (globin) this allows it to bind & load oxygen from the lungs & supply it to whole body.

Unbounded or free iron is highly destructive & dangerous it can trigger free radical activity which can cause cell death & destroy DNA.

- **Magnesium: -**

It is an important essential mineral; its symbol is Mg & atomic no. 12; it is a co-factor for more than 300 enzymes that regulates functions in the body. Its normal range in blood is 0.75 to 0.95 millimoles (mmol)/L.

Main sources of magnesium: -

It is present in watermelon, spinach, meat, egg, nuts, dark leafy green vegetables, broccoli, pumpkin seeds, dates, chicken, fish, legumes etc.

Basic pharmacokinetics of magnesium (based on human intake in natural food products): -

It is absorbed about 20 to 50% only; it is absorbed about 40% in distal intestine when the level of it is low via passive paracellular transport & about 5% in descending colon when the level of it is high via active transcellular transport. Vitamin D increases its absorption & also acts on its excretion in urine. It is excreted in urine & stool; it is stored in bones.

Basic clinical pharmacology of magnesium: -

It is a co-factor for more than 300 enzymes that regulates functions in the body. It act on protein synthesis, muscles & nerve function, blood glucose, control blood pressure, it is required for energy production, bone development, synthesis of DNA & RNA. It also plays a role in active transport of calcium & potassium ions, muscles contraction, normal heart rhythm etc.

- **Phosphorus: -**

It is an essential mineral; its symbol is P & atomic no. 15, it is needed for many parts & functions of the body.

Main sources of phosphorus: -

It is present in watermelon, meat, nuts, beans, fish, chicken, dairy products, soy, grains, lentils etc.

Basic pharmacokinetics of phosphorus (based on human intake in natural food products): -

It is absorbed 70-85%, it is absorbed 30% in duodenum, 20% in jejunum, 35% in ileum; it is absorbed in inorganic phosphate form by 2 separate process first when the phosphorus intake is high mainly after meals by paracellular sodium independent passive diffusion pathway & second is transcellular sodium dependant carrier-mediated pathway this falls under the control of vitamin D & etc. When calcium level is too high in the body phosphorus is less absorbed, optimum calcium : phosphorus ratio is helpful in its absorption (excess of anyone decreases the absorption of both). It is stored in bones 85% & rest in tissues; it is excreted 80% in urine & rest in stools (excretion of it is a regulatory action of parathyroid hormone (PTH), vitamin D, and fibroblast).

Basic clinical pharmacology of phosphorus: -

It is present in nature combined with oxygen as phosphate. It acts on growth of teeth, bones, repairs of cells & tissues. It plays an important role in metabolism of carbohydrate, fats, protein & ATP. It works with B-complex vitamins & helps kidney function, muscles contraction, normal heart beats, nerve impulse etc.

- **Zinc: -**

It is a trace mineral; symbol is Zn & atomic no. 30; it is necessary for human body as it plays vital role in health.

Main sources of zinc: -

It is present in watermelon, meat, fish, legumes, beans, egg, dairy products, seeds, nuts, whole grains etc.

Basic pharmacokinetics of zinc (based on human intake in natural food products): -

It is absorbed 20 to 40%, its absorption depends on its concentration & is absorbed in whole intestines (jejunum has high rate of its absorption) via carrier-mediated mechanism, it is released from food as free ions during digestion. Zinc from animal sources is easily absorbed comparing to plants sources. It is present in bile & pancreatic juices which is released in duodenum & is reused by the body this is called as endogenous zinc & zinc present in food sources is called as exogenous zinc. Its absorption depends on 2 proteins- Albumin & metallothionein. Albumin enables zinc to be transported from plasma into enterocytes. It is stored in muscles, bones mainly & little in prostate, liver, kidneys, skin, brain, lungs, heart & pancreas. It is excreted in stools 80% & rest in urine & sweat. Metallothionein binds to zinc to make it unavailable & excrete it in stools when zinc is excess in the body, & production of metallothionein is reduced when zinc is less in the body to make zinc available for the body.

Basic clinical pharmacology of zinc: -

It is necessary for immune system, prevents skin diseases, heal skin diseases, helps stimulate activity of at least 100 different enzymes in the body; it is required in little amount in the body, but children, pregnant & old aged need it more. It promotes growth in children, synthesize DNA & acts on wound healing, it is best in treating initial diarrhea & cold cough. This makes watermelon ideal during motions. It improves learning, memory, fertility etc. It heals acne, attention deficit hyper activity disorder (ADHD), osteoporosis, pneumonia etc.

- **Copper: -**

It is an essential micronutrient mineral; its symbol is Cu & atomic no. 29; there are lot of health benefits of it; it is needed in little amount in the body.

Main sources of copper: -

It is present in watermelon, spirulina (water-plant), nuts, seeds, lobster, leafy green vegetables, guava, grapes, green olive, kiwi, mango, pineapple, pomegranate, egg etc.

Basic pharmacokinetics of copper (based on human intake in natural food products): -

It is absorbed 30 to 50%; it is absorbed easily than other minerals, its absorption depends on the copper present in the body, when the intake of it is less, absorption is increased & when intake is more absorption is less, it is mainly absorbed in small intestines & little in stomach via carrier-mediated process; its absorption is influenced by amino acids, vitamin C & other dietary factors. After absorption it is bound primarily to albumin, peptide & amino acids & transported to liver. Copper is secreted into plasma as a complex with ceruloplasmin. It is mainly stored in liver little in brain, heart & kidneys; it is excreted mainly in bile & little in urine.

Basic clinical pharmacology of copper: -

Together with iron it enables the body to form RBC; it helps to maintain health of bones, blood vessels, nerves & immune system; it also acts on iron absorption, protein metabolism, growth of body, it acts also on development of brain, heart & other organ; it is needed by the body for making ATP, collagen. Excessive of it may cause Wilson's disease.

Deficiency of copper: -

It is very rare; but may cause cardiovascular disease, genetic defects, inflammation of optic nerve etc.

- **Manganese: -**

It is an essential mineral & micro nutrient, needed by the body for proper health. Its symbol is Mn & atomic no. 25.

Main sources of manganese: -

It is present in watermelon, nuts, beans, legumes, brown rice, leafy green vegetables, pineapple etc.

Basic pharmacokinetics of manganese (based on human intake in natural food products): -

It is absorbed 40%, it is absorbed more in women than men; if intake of it is more, than absorption is less & if intake is less, absorption is more; its absorption takes place in small intestines, after absorption it is bounded to blood protein transferring & transmanganin & transport via blood stream to tissues; it is absorbed by inhalation & dermal (skin) also; it crosses brain blood barrier. It is stored in bones, liver, kidney, pancreas; it is excreted mainly in bile & stools, little in urine & sweating; unused manganese is transported to liver for excretion & excreted via bile mainly.

Basic clinical pharmacology of manganese: -

It is needed for proper health of skin, bones, cartilage etc; it helps in glucose tolerance, regulates blood sugar, reduces inflammation, reduces premenstrual cramps, it also aids in formation of connective tissues, bones, sex hormones, blood clotting, metabolism of carbohydrates & fats; it facilitates calcium absorption.

- **Sugar (fructose): -**

Sugar present in watermelon is fructose; glycemic load (how blood sugar responds) of watermelon is very low, meaning that blood sugar is not changing much after eating it (but diabetic patients should not eat much of it); Different varieties of watermelon has different ratio of fructose in it.

Main sources of fructose: -

It is present in watermelon, honey, banana, apple, mango, cherry, strawberry, orange, kiwi, pears, pomegranate, apricots, carrots, yogurt, bread, lemon, lime, green beans etc.

Basic pharmacokinetics of fructose (based on human intake in natural fruit & food products): -

Fructose digestion begins in the small intestine (more in upper jejunum) via active transport or facilitated transport (not known properly). Our body cannot absorb intact polysaccharide molecules. Therefore, if fructose is present in the form of sucrose, sucrase, an enzyme, must first break up sucrose into separate glucose and fructose components. Single fructose molecules then enter the lining of the small intestine through a special channel and exit out the other side into the bloodstream, once in the bloodstream, fructose travels with all other absorbed nutrients to the liver for metabolism and processing.

Metabolism: -

Fructose metabolism occurs entirely in the liver. Through a complicated process called fructolysis, fructose undergoes several chemical and structural changes with the help of aldolase B (an enzyme in the liver).

Extra fructose needs to be changed into glycogen by liver & stored in liver, once the storage is full in liver then liver convert it into triglycerides & triglycerides are further converted by liver into very low-density lipoprotein (VLDL) & stored in fat cells & muscles. Excessive fructose is excreted in urine.

Basic clinical pharmacology of fructose: -

Fructose has low glycemic index & results in moderate release of insulin in the blood stream relative to glucose & sucrose; fructose gives the least dental caries among other types of sugars, fructose is more sweeter than other types of sugar; it does not raises blood sugar much as glucose does, it is used as sources of energy in the body, excessive intake of it may cause fatty liver, metabolic disorder, blood pressure, increase lipids, increase in uric acid level, increase in free radicals etc.

- **Selenium: -**

It is an essential trace mineral, it is micro nutrient helpful to our body; its symbol is Se & atomic no. 34.

Main sources of selenium: -

It is present in watermelon, fish, nuts, beef, chicken, mushroom, egg, grains, garlic etc.

Basic pharmacokinetics of selenium (based on human intake in natural food products): -

It is mainly absorbed in duodenum & proximal jejunum by active transport process; Dietary selenium is in 2 forms organic (selenomethionine) it is 90% absorbed & inorganic (selenite) it is 50% absorbed; after absorption it is send in liver via portal veins, liver turns it into selenite & then is bound with selenoproteins & send into blood stream, gets in RBC, muscles, tissues etc; it is not distributed evenly in the body, liver has more of it; Vitamin E & other vitamins increases its absorption & both work as an anti-oxidant. Natural selenium remains in the body for less than 24 hours; it is stored in amino acid in skeletal muscles, little in liver, kidneys & pancreas; it is primarily excreted in urine, stool & expired in air via lungs very little in sweat & semen.

Basic clinical pharmacology of selenium: -

It is important for many body functions, immune system, fertility (both male & female); it contributes in thyroid hormone metabolism, DNA synthesis; it protects the body from oxidative damages & infection, it is found in tissues, skeletal muscles; it helps testies & seminal vesicles in their function; it reduces the risk of miscarriages, liver disease, cancer, asthma, cardio vascular disease; deficiency of it causes pain in muscles & joints, weaken the hair, nails, white spots on nails are found etc.

- **Choline: -**

It is water soluble vitamin & essential nutrient, it is a constituent of lecithin; it helps in many functions of the body.

Main sources of choline: -

It is present in watermelon, egg, peanut, fish, dairy products, wheat, beetroot, spinach, beans, whole grains etc.

Basic pharmacokinetics of choline (based on human intake in natural food products): -

Choline is mostly present in food in free form; it is absorbed in small intestine via transporter proteins & metabolized in liver; excessive choline is not stored but converted into phospholipids; it is changed into Trimethylamine in liver & is excreted in urine.

Basic clinical pharmacology of choline: -

It helps the nerves to develop signals. Our body makes some amount of choline, but should be consumed to avoid deficiency; it helps liver function, brain development, muscles movement, cell messenger system, DNA synthesis, nervous system, gall bladder function; it can be taken in pregnancy because it prevents neural tube defect. It aids in fats & cholesterol metabolism & prevent excessive fat building in liver.

- **Betaine: -**

It is water soluble amino acid glycine; it is derivative of choline (choline is precursor of it) means body needs choline to synthesized betaine. It is also called as trimethylglycine (TMG) it has 3 methyl group attached to it; it was first discovered from beetroot & is called as betaine.

Main sources of betaine: -

It is present in watermelon, beetroot, wheat bran, spinach, grain, brown rice, sweet potato, beef, quinoa etc.

Basic pharmacokinetics of betaine (based on human intake in natural food products): -

It is absorbed in duodenum more than jejunum via sodium & chloride dependent transport & passive sodium independent transport system; it is rapidly absorbed in around 17 minutes & released into blood stream quite fast & its absorption is near complete; it is excreted very little in urine in form of dimethylglycine (DMG) & little in stools, eliminated mainly via metabolism not excretion. It is stored in all organs (including brain) (it crosses blood brain barrier), skeletal muscles.

Basic clinical pharmacology of betaine: -

Betaine is a methyl donor, this means helps in liver function, cellular function & detoxification, process fats; it converts blood homocysteine into methionine. Homocysteine is an amino acid, body naturally produces, high level of it can be harmful to arteries of heart & may cause cardio vascular disease, atherosclerosis by producing plaque in the arteries of heart & brain (may cause stroke), may also cause osteoporosis, visual abnormalities, blood clots, narrowing & hardening of vessels.

Methyl donors: -

It refers to nutrients involved in bio-chemical process called as Methylation; And this process reduces due to age & we depend on methyl donor foods like vitamin B12, B6, folate, choline, betaine etc so that acts properly.

- **Dietary fibre: -**

It is an eatable part of vegetables & fruit; our body cannot digest it just passes the small intestines & colon & excrete in stools; it is of two types 1) soluble fibre 2) insoluble fibre.

Soluble fibre dissolve in water & form a gel like material & helps in controlling blood cholesterol & blood glucose; it is found in apple, carrot, barley, oats, peas, beans watermelon etc.

Insoluble fibre do not dissolve & promotes excretion & increase bulk of the stool thus relief constipation & helps in elimination of toxins also. It is found in wheat flour, beans, cauliflower, potato, green beans, watermelon, fig etc.

Watermelon has both types of fibres in it, this is the reason it is helpful in constipation conditions, it can eaten in pregnancy to relief constipation and get other benefits of it also.

Basic pharmacokinetics of dietary fibre (based on human intake in natural food products): -

Soluble fibres get dissolve in water & become a gelatinous substance; do not get digested; it helps to slow the digestion & help the body to absorb vital nutrient from eaten food.

Insoluble fibres do not dissolve in water but remain in fibrous form, and do not get digested; it helps the food pass through the digestive system and increase the bulk of stool & eliminate toxins also.

Basic clinical pharmacology of dietary fibre: -

It helps in slow down the digestive process thus gives a good control in blood glucose, improves insulin sensitivity, reduces risk of diabetes, maintains weight, helpful in obesity, reduces blood pressure, reduces cholesterol, reduces inflammation, reduces risk of heart disease, relieves constipation thus helpful in piles, fistula & other rectal disorders & disease, improves bowel movement thus improves bowel health, slowdowns the digestion thus improves quality of digestion, reduces risk of many types of cancer.

- **Boron: -**

It is natural minerals present in beetroot; it has lot of health benefits. Its symbol is B & atomic no. is 5; it is a trace mineral important for bone health.

Main sources of boron: -

It is present in beetroot, apple seed, raisin, almond, peanut, dried apricot, raisins etc.

Basic pharmacokinetics of boron (based on human intake in natural food products): -

It is absorbed in intestine mainly & completely, it is little absorbed through skin & inhalation, it is believed that it is absorbed via passive transport in the form of borate (research is on); it is excreted mainly in urine, 2% in stool, little in sweat & breath.

Basic clinical pharmacology of boron: -

It is best for nerve function & nerve booster, good for brain, it is health enhancer, improves calcium metabolism, helps to handle other minerals, cardio vascular health, reduces allergy, reduces auto immune reaction, make bones, teeth & gums strong, cure arthritis, lupus erythematosus, increases sex hormones, estrogen, testosterone; it is antioxidant, aphrodisiac & detox etc.

Deficiency of it may cause alter in brain activity thus hamper neuronal function, alter brain wave activity enhancing delta power in the left parietal & temporal lobes & decreased frontal lobe activity.

- **Lutein & zeaxanthin: -**

Both are important carotenoid found in nature, they are related with beta carotene & vitamin A, they gives plants, fruits & vegetables yellow or red colour, they are absorbed best in human when taken with high-fat meal because it needs bile for digestion. Both are colour pigment found in human eye (macula & retina) they get deposited in macula & retina thus prevents many diseases of eyes.

Main sources of both: -

They are present in carrot, broccoli, kale, spinach, grapes, pumpkin, yellow vegetable, egg yolk, green leafy vegetable, orange, kiwi, corn etc.

Basic pharmacokinetics of both (based on human intake in natural food products): -

They are absorbed with the help of bile by mucosa of small intestine via passive diffusion & send to the liver via lymphatic system & in liver it is incorporated into low density & high density lipo proteins & transported to target tissues (retina etc) by specific lutein binding protein mediates the selective uptake

of it. The absorption depends on the amount & sources of intake; it is 70 % absorbed; it is excreted in bile & urine & stored in liver & adipose tissues of the body.

Basic clinical pharmacology of both: -

They are powerful anti oxidant, anti diabetic, anti cancer. They prevent age-related macular degeneration, cataract, retinitis pigmentosa, retinopathy, macular degeneration, they work as light filter & protect the eye tissues from sunlight damages, they block blue light from reaching the underlying structure in the retina of eyes thus reduces the risk of light induce oxidative damage that could lead to age-related macular degeneration (AMD).

They also prevent free radicals thus prevents colon cancer, cervical cancer, lungs cancer, breast cancer, prostate cancer, vision loss, improves mental function, respiratory infections, reduce high blood pressure, reduce soreness of muscles after exercise, reduce eye strain, controls diabetes, prevent heart diseases etc.

- **Biotin: -**

It is a water soluble vitamin, also called as vitamin B7 or vitamin H or coenzyme R; it is involved in a wide range of metabolism processes of fats, carbohydrate, protein synthesis, helpful in maintaining blood glucose, good for hair, nails etc. Human body cannot prepare it so we depend on food sources.

Main sources of biotin: -

Liver, egg, yeast, nuts, seeds, avocados, sweet potato, salmon oil, milk, cauliflower.

Basic pharmacokinetics of biotin (based on human intake in natural food products): -

The intestine is exposed to 2 sources of biotin: a dietary source & bacterial source which is normal micro-flora of large intestines (they synthesize biotin in large intestine in free form & release it). Dietary protein-bound biotin is converted into free form before absorption; the free form is absorbed in small & large intestine through sodium dependent carrier-mediated transport shared with pantothenic acid & lipoate (Known as sodium multivitamin transport).

Basic clinical pharmacology of biotin: -

It strengthens the hairs, nails, improves skin health, reduces cholesterol, helps metabolism of fats, carbohydrate, protein, helpful in gluconeogenesis, hair growth etc.

- **Vitamin E: -**

It is fat soluble vitamin; it is a group of eight fat soluble compounds that includes four tocopherols & four tocotrienols.

Main sources of vitamin E: -

It is present in olive oil, almonds, cereals, wheat germ, sunflower oil, corn oil, soybean oil, peanuts, green leafy vegetables, cucumber etc.

Basic pharmacokinetics of vitamin E (based on human intake in natural food products): -

It is absorbed in small intestines & metabolized in liver & distributed through lymphatic system & stored in fat droplets of adipose tissue cells; it is mainly excreted in stool, little in urine & through skin.

Basic clinical pharmacology of vitamin E: -

It prevents coronary heart disease, supports immune system, prevent inflammation, promotes eye health, lowers the risk of cancer; It is a powerful anti-oxidant thus reduces UV damage of skin, nourishes & protects the skin when applied on face; also promotes hair growth.

- **Vitamin K: -**

It is a fat soluble vitamin; it is essential for normal blood clotting; it occurs naturally in two forms, vitamin K1 (phylloquinone) which is widely distributed in plants; it is present in it; Leafy vegetables are good sources of K1; vitamin K2 (menaquinones) is synthesized in alimentary tract by bacteria (Escherichia coli & other bacteria).

Main sources of vitamin K1: -

It is present in olive oil & also present in green leafy vegetables (spinach, kale etc) cauliflower, cabbage, broccoli, sprout, fish, liver, meat, egg, cereals, cucumber etc.

Basic pharmacokinetics of vitamin k (based on human intake in natural food products): -

It is absorbed in small intestine, bile is required for its absorption & stored in fatty tissues & liver; it is excreted 40% to 50% in stools & 30% to 40% in urine.

Basic clinical pharmacology of vitamin K: -

It acts on synthesis of certain proteins that are prerequisites (necessary) of blood coagulation (means act on stop bleeding) & body also needs it to control the binding of calcium in bones & other tissues. Deficiency of it makes bones weaker, calcification of arteries & other tissues thus take care of bones, joints & heart; it reduces tumour growth & is helpful in cancers.

- **Cryptoxanthin: -**

It is a carotenoid; it is converted into vitamin A in human body & it is considered as provitamin A.

Main sources of cryptoxanthin: -

Red pepper, pumpkin, papaya, carrots, oranges, sweet corn, peaches etc.

Basic pharmacokinetics of cryptoxanthin (based on human intake in natural food products): -

To be absorbed it must be free from its food matrix, emulsified into oil droplets, then taken up by the cells of intestine by 2 mechanism one by facilitative transport assisted by enzymes next by epithelia transport also involved in cholesterol & lipid uptake, however in high pharmacological doses it is absorbed by passive diffusion; after absorption it is converted into vitamin A.

Basic clinical pharmacology of cryptoxanthin: -

It is antioxidant, prevents free radicals damage of DNA & other cells & stimulate repair of oxidative damages to DNA, anticancer, prevents osteoporosis.

- **Beta carotene: -**

It is an anti oxidant that converts into vitamin A & plays a very important role in human health; it is responsible for the red, yellow, orange colouration in some fruits & vegetables. It promotes eye health & prevents eye diseases.

Main sources of beta carotene: -

It is present in pumpkin, carrot, sweet potato, dark leafy vegetables, apricot, red & yellow pepper, spinach, kale etc.

Basic pharmacokinetics of beta carotene (based on human intake in natural food products):

It is absorbed in intestine by passive diffusion & get convert into provitamin A in the presence of bile acids, the intestinal mucosa plays a key role in converting it into provitamin A. It is transported in blood plasma exclusively by lipoproteins. The complete absorption, metabolism & excretion is not known fully. It is stored in fats & liver.

Basic clinical pharmacology of beta carotene: -

It is anti oxidant, reduces risk of lung cancer & promote lung health, reduces free radicals thus prevents cancer & heart disease, diabetes, promotes skin health, improves complexion, hair health, eye health, brain health; reduces pimple, acne & other skin problems.

- **Natural Chloride: -**

It is mostly found in table salt, sea water, vegetables & some fruits. It is important mineral which maintaining water balance & it essential component of gastric juices, we get is from food main in the form of sodium chloride (salt). It is among electrolytes of the body. It is mostly present in body fluids. It act on electric impulses of the body, it combines with hydrogen in the stomach to form hydrochloric acid (HCL) a power digestive enzyme. It is also a by-product of the reactions between chlorine & electrolytes such potassium, sodium, magnesium which are essential for human metabolism.

Main sources of chloride: -

Tomato, celery, olives, cabbage, broccoli, radish, cauliflower, potato, pepper, eggplant etc.

- **Total amino acids present in watermelon & its seeds please note they are present in very little amount: -**

- **Absorption & digestion of amino acid.**

When we eat high-protein foods, body breaks down protein into amino acids and peptides through digestive enzymes, such as pepsin & pancreas produces trypsin, chymotrypsin and other that aid in protein digestion.

Pepsin is the primary enzyme responsible for digesting protein; it acts on the protein molecules & breaks the bonds – called peptide bonds – that hold the protein molecules together. Next, these smaller chains of amino acids move in the stomach & then in small intestine where they're further broken down by enzymes released by the pancreas. Small intestine contains finger-like extensions called micro-villi. These structures enhance its ability to absorb dietary nutrients. Now the semi digested material pass through brush border and baso-lateral membranes of small intestine & di-tripeptides are absorbed by passive transport (facilitated or simple diffusion) or active transport (Na⁺ or H⁺ co-transporters) pathways. Di and tripeptides are more efficiently absorbed than free amino acids which in turns are better absorbed than oligopeptides. They're released into the bloodstream and used for various biochemical reactions.

Each amino acid has a different role in the human body. Upon absorption, some amino acids are incorporated into a new protein. Some fuel your muscles and support tissue repair. Others are used as a source of energy.

Tryptophan and tyrosine, for example, promote brain health. These amino acids support the production of neurotransmitters, leading to increased alertness and optimum nerve responses. Tryptophan also assists with serotonin production, lifting your mood and keeping depression at bay.

Phenylalanine serves as a precursor to melatonin, epinephrine, dopamine and other chemicals that regulate your mood and bodily functions. Methionine helps your body absorb selenium and zinc, two minerals that promote overall health. Some amino acids, such as isoleucine, play a vital role in hemoglobin production and glucose metabolism.

- **Tryptophan: -**

It is an amino acids (protein) that is useful in bio-synthesis of protein; it is essential in human because body cannot make it); it is a precursor of neuro-transmitter serotonin, melatonin, vitamin B3; it is a sedative also.

Main sources of tryptophan: -

Salmon oil, egg, spinach, milk, seeds, fenugreek seed, soy products, nuts, fish, meat, wheat, banana etc.

Basic pharmacokinetics of tryptophan (based on human intake in natural food products): -

It is absorbed in small intestine & reached the blood circulation, it passes the blood brain barrier & in brain cells it is metabolized into indolamine neuro-transmitter, niacin, a common example of indolamine is serotonin derivative from tryptophan. Tryptophan is converted into serotonin in the brain & body; it is believed that tryptophan supplements should be taken with carbidopa, which blocks the blood brain barrier. (Serotonin (5HTP) 5 hydroxytryptamine, is a monoamine neuro-transmitter. It contributes in feelings of well-being, happiness, reward, learning, memory, many physiological functions).

In the pathway of tryptophan/serotonin, melatonin hormone is produced. Melatonin regulates sleep-wake cycle. It is primarily released by pineal gland in brain. It controls circadian (daily clock) rhythms.

Pineal gland releases it at night more & very little in day light. It improves immune system function.

Natural sources of melatonin are tomato, pomegranate, olive, grapes, broccoli, cucumber, barley, seeds, nuts etc.

Fructose malabsorption causes improper absorption of tryptophan in intestine thus leading to low level of it & may cause depression.

Basic clinical pharmacology of tryptophan: -

It is necessary for normal growth of infants; nitrogen balance in adults, it aids in sleep pattern, mood. It is necessary for melatonin & serotonin formation in body, it enhances mental & emotional well being, manages pain tolerance, weight etc. it also helps in build muscle tissue, essential for vitamin B3 production, relieves insomnia, reduces anxiety, depression, migraine, OCD, helps immune system, reduces cardiac spasms, improves sleep pattern etc.

- **Threonine: -**

It is an amino acid used in biosynthesis of proteins; it is an essential amino acid important for tooth enamel, collagen, elastin, nervous system, fats metabolism, it prevents fats buildup in liver, useful in intestinal disorders, anxiety, and depression.

Main sources of threonine: -

Cheese, chicken, fish, meat, lentil, black seed, nuts, soy etc.

Basic clinical pharmacology of threonine: -

It is useful in nervous system disorders, multiple sclerosis, spinal spasticity, makes bones, joints, tendons, ligament stronger, it helps the immune system, promotes heart health.

- **Isoleucine: -**

It is an amino acid that is used in the biosynthesis of proteins, it is an essential amino acid means the body cannot make it & we depend on food sources, it plays & helps many functions of the body.

Main sources of isoleucine: -

Meat, mutton, fish, cheese, egg, seeds, nuts, soybeans, milk, legumes, fenugreek seed etc.

Basic pharmacokinetics of isoleucine (based on human intake in natural food products): -

It is absorbed in small intestine by sodium-dependant active transport. It is metabolized in liver.

Basic clinical pharmacology of isoleucine: -

It promotes glucose consumption & uptake, it is anti-catabolic, enhances athletic performance & best for pre-workout, it acts on wound healing, detox of nitrogenous waste in the body, stimulates immune system, promotes secretion of many hormones, helps in hemoglobin formation, regulating blood glucose, energy in the body, built muscles, helpful to brain for its function.

- **Leucine: -**

It is branched chain amino acid (BCAA) it is ketogenic amino acid; it is necessary when we do exercise, it stimulates protein synthesis & assists in muscle building.

Main sources of leucine: -

Cheese, soyabean, meat, nuts, chicken, seeds, fish, seafood, beans.

Basic clinical pharmacology of leucine: -

It helps regulate blood glucose, promotes growth, recovers the muscles & bone tissues, acts on production of growth hormones, repairs the tissues, essential for muscle building, it burns fats, controls obesity, promotes lean muscles growth.

- **Lysine: -**

It is an essential amino acid, which our body cannot prepare and we need to eat it from food sources. It necessary for many body functions, acts in building blocks of protein (muscles).

Main sources of lysine: -

Red meat, chicken, egg, fish, beans, lentils, wheat germ, nuts, soybeans, spirulina, fenugreek seed, shrimp, pumpkin seed, tuna, cheese, milk etc.

Basic pharmacokinetics of lysine (based on human intake in natural food products): -

It is absorbed from the lumen of the small intestine into the enterocytes by active transport, it undergo first pass metabolism in liver & is metabolized in liver.

Basic clinical pharmacology of lysine: -

It helps the body in tissue growth, repair muscles injury, promote collagen formation, help the body to produce enzymes, antibodies, hormones, supports immune system, its deficiency causes fatigue, irritability, nausea, hair loss, anorexia, inhibited growth, anemia, problems with reproductive system, it is very helpful in treating cold sores (herpes), control blood pressure, diabetes, osteoporosis, helps athletes performance, helpful in treating cancers, reduces anxiety, increase absorption of calcium, improves digestion & prevent leaky gut, helpful in pancreatitis.

- **Methionine: -**

It is a sulfur containing amino acid; it is essential; it plays a critical role in the metabolism & health; it act on normal cell functioning, growth & repair. It is also a chelating agent for heavy metals; due to its sulfur contain it is helpful in hair, nail health & growth & good for skin health; it reduces cholesterol by increase the production of lecithin in liver & reduces fats formation in liver, also protects kidneys, liver from hepatotoxins, it is an antioxidant. It is absorbed in lumen of small intestines into enterocytes by active transport & metabolized in liver.

Main sources of methionine: -

Meat, mutton, fish, chicken, cheese, egg, beans, milk, nuts, shellfish etc.

- **Cystine: -**

It is the oxidized dimer form of amino acid, it is nonessential; the body uses it to produce taurine & other amino acids; it is a sulfur containing amino acid; our body uses vitamin B6 with the help of cystine; it heals burns, wounds, bronchitis, assist in supply of insulin, it increase level of glutathione in liver, lungs, kidneys & bone marrow. It is anti aging, anti inflammatory, anti arthritis, anti rheumatoid arthritis.

Main sources of cystine: -

Meat, egg, milk, garlic, onion, broccoli, oats, wheat germ, lentils etc.

- **Phenylalanine: -**

It is an aromatic essential amino acid in human; it plays a key role in biosynthesis of other amino acids; it is important in the structure & function of many proteins & enzymes. It is precursor of melanin, dopamine, noradrenalin hormone, thyroxin hormone. It is converted in tyrosine & used in biosynthesis of dopamine & noradrenalin. It improves memory, reduces pain of hunger; it is anti depressant; it is also a building block protein; it is useful in vitiligo, depression, ADHA, parkinson's, multiple sclerosis, pain, osteoarthritis, rheumatoid arthritis, fat burn & helpful in alcohol withdrawal symptoms.

Main sources of phenylalanine: -

Pumpkin seed, nuts, seeds, soy, meat, fish, chicken, egg, beans, milk etc.

- **Tyrosine: -**

It is a nonessential amino acid; it is also called as 4-hydroxyphenylalanine; it is useful in cell synthesis of protein; it is a building block protein; body prepares it from phenylalanine. It is a precursor & used to produce noradrenalin, dopamine, & thyroxin & melanin hormones. It reduces stress, improves memory, it promotes growth, mental health, skin health, fat burn. It acts as a mood elevator, anti depressant, improves memory, mental alertness, its deficiency can cause hypothyroidism leading to low blood pressure, low body temperature (hypothermia), stress, fatigue, narcolepsy; it helps thyroid gland, adrenal gland, pituitary gland to function properly. It is absorbed in small intestine by sodium-dependant active transport; after absorption it reaches the blood & crosses the blood brain barrier (BBB) & enters the brain cells & gets metabolized into catecholamine (noradrenalin). Human body regulates it amount by eating it by food sources & making inside the body (nonessential). The body does not store it much for later uses.

Main sources of tyrosine: -

Meat, fish, egg, milk, nuts, beans, oats, wheat, black seeds etc.

Dopamine: -

It regulates reward & pleasure centers in brain; it is a chemical important for memory, motor skills & etc.

Nor-adrenaline & adrenaline: -

These hormones are responsible for fight & flight response in stressful situation & also controls many functions of the body; it is secreted by adrenal glands.

Thyroxin: -

It is secreted by thyroid gland; it regulates metabolism, blood pressure, digestion, energy etc.

Melanin: -

It is pigmented hormone, gives our skin, hair, eye their colour; dark skinned people have more melanin in their skin than light skin people (depend on exposure to sunlight).

- **Valine: -**

It is an essential nutrient for vertebrates, biosynthesis of protein; it is an aliphatic & extremely hydrophobic essential amino acid; it is branched chain of amino acid (BCAA); it is important for growth, repair, blood glucose regulation, for energy; it stimulates CNS, proper mental function.

Main sources of valine: -

Cheese, soy, beans, nuts, fish, meat, chicken, mushroom, seeds, nuts, whole grains etc.

- **Histidine: -**

It is an amino acid used in biosynthesis of protein; it is semi essential amino acid, needed by human for production of histamine & also for growth & tissue repair, it is helpful in maintaining myelin sheaths that covers the nerves & protects the nerves.

Main sources of histidine: -

Meat, mutton, fish, milk, egg, seeds, nuts, chicken, cheese, soy, beans, whole grains, fenugreek seeds.

Basic pharmacokinetics of histidine (based on human intake in natural food products): -

It is absorbed in small intestine via active transport requiring the presence of sodium.

Basic clinical pharmacology of histidine: -

It plays many roles in immunity, gastric secretion & sexual functions. It is also required for blood cell formation & protects tissues against damage of radiation & heavy metals. It keeps normal pH of 7 in the body, useful in rheumatoid arthritis, allergy, ulcer & anemia caused by kidney failure or dialysis. It is an antioxidant, anti inflammatory, reduces cholesterol.

- **Arginine: -**

It is among conditional essential amino acid the body needs to function properly; it is made in liver; it plays an important role in building protein thus helpful in body building.

Main sources of arginine: -

Chicken, pumpkin seeds, spirulina, dairy products, red meat, fish, egg etc.

Basic pharmacokinetics of arginine (based on human intake in natural food products): -

It is absorbed in jejunum mainly from oral diet.

Basic clinical pharmacology of arginine: -

It releases nitric oxide in the blood & nitric oxide dilates the blood vessels thus increases the blood supply & controls high blood pressure, it improves erection, builds muscles etc. it also act on release of growth hormone, insulin & other substances in the body. It also improves heart health, athletes performance, stimulates immune system; citrulline present in watermelon is converted into arginine in kidneys, please refer lesson on watermelon.

- **Alanine: -**

It is a non essential amino acids that is present in blood plasma in its free state in high levels; it is involved in sugar & acid metabolism, protein synthesis, it increases immunity, provides energy for muscles tissues, brain & CNS, it act on tryptophan, vitamin B6 metabolism; it is an important sources of energy for muscles; it helps the body to convert simple sugar (glucose) into energy; it is produced in the body. It increases exercise capacity; reduces muscle fatigue, boost immunity, it is antioxidant; anti aging; increases muscle growth; ideal pre & post workout, reduce blood sugar, prevent liver disease, helps the liver to eliminate toxins, improves CNS functioning, helpful in benign prostate hypertrophy. It is digested in small intestine; it is converted into pyruvic acid by alanine aminotransferase-1; during fasting condition alanine derived from protein breakdown is converted into pyruvate & used to synthesis glucose by gluconeogenesis in liver, it is excreted in urine via urea cycle. It is stored little in skeletal muscles.

Main sources of alanine: -

Meat, fish, egg, milk, aloe vera, honey, black seeds, nuts etc.

- **Aspartic acid: -**

It is a non essential amino acid; it is over all negatively charged & plays an important role in synthesis of other amino acid, citric acid & urea cycles; it is found in animals, plants, sugarcane, sugarbeet. It may be a neurotransmitter; it strengthens the muscles, improves heart function, helps in maintaining mental health, reduces tiredness, improves athletic performance, increases muscle size, reduces depression & fatigue. It is absorbed in small intestine by active transport.

Main sources of aspartic acid: -

Meat, oysters, seeds, oats, avocado, sugar beet, milk, egg, nuts, cereals etc.

- **Glutamic acid: -**

It is a nonessential amino acid. It is an excitatory neuro-transmitter; it is necessary for biosynthesis of proteins; body uses it for several key functions within the body like making other neuro-transmitters such as GABA; it promotes brain health, muscles health, intelligence, mood & mental alertness. It is called as chemical messenger. It plays an important role in body's disposal of excessive waste like nitrogen. It is absorbed in lumen of small intestine into enterocytes by active transport & excreted in urine mainly. It is almost about 2 kgs, storage in natural form in brain, kidneys, liver, muscles etc.

Main sources of glutamic acid: -

Meat, chicken, fish, egg, milk, wheat, mushroom, soy, broccoli, walnut, peas etc.

- **Glycine: -**

It is a nonessential amino acid that body needs for growth & maintenance of tissue & need to prepare hormones & enzymes. It is inhibitory neurotransmitter. It helps in preparing glutathione (a powerful antioxidant & reduces free radicals, delay aging). It is helpful in preparing of creatine (provides energy to muscles to perform exercise etc & acts on muscle contraction), beneficial for brain health, bone health, alzheimer's, schizophrenia, sleep disorder, stroke, burns, protects kidney & liver from harmful side effects of drugs used after organ transplant, heals wound & ulcers, it is anti inflammatory, improves skin health.

Main sources of glycine: -

Meat, fish, milk, legumes etc.

- **Proline: -**

It is a protein-genic amino acid used in biosynthesis of proteins. It heals cartilages, cushion joints, tendons, ligament, heart muscles, connective tissues & helps in formation of collagen.

Main sources of proline: -

Soy, pumpkin seed, lentils, black beans, quinoa etc.

- **Serine:-**

It is a nonessential amino acid, important for synthesis of protein, fats metabolism, muscle growth, immune system; it is a precursor of many amino acids, helpful in enzyme catalyze its reaction, overall health, physical & mental health.

Main sources of serine: -

Soybean, egg, lentils, meat, fish, nuts, almonds, walnut etc.

- **Conculsion: -**

We had a long lesson on watermelon just imagine the benefits of a cheap easily available fruit having no side effects, no adverse effects, the whole body system is benefitted with it along with good taste, pleasant smell, fit for all season, best in summer to replenish us, along with long term health benefit; let's make this fruit, medicine for us & eat it with dates.

Watermelons - Nutritional Facts per 100 g

Nutrients mg Percentage

Folates	3 mcg	1%
Niacin	0.178 mg	1%
Pantothenic acid	0.221 mg	4.5%
Pyridoxine	0.045 mg	3.5%
Thiamin	0.033 mg	3%
Vitamin A	569 IU	19%
Vitamin C	8.1 mg	13.5%
Vitamin E	0.05 mg	0.5%
Sodium	1 mg	0%
Potassium	112 mg	2.5%
Calcium	7 mg	0.7%
Copper	42 mcg	4.5%
Iron	0.24 mg	3%
Magnesium	10 mg	2.5%
Manganese	0.038 mg	1.5%
Zinc	0.10 mg	1%



References/research: -

1. Amar, Zohar (5 December 2016). *Arabian Drugs in Medieval Mediterranean Medicine*. Edinburgh University Press. ISBN 9781474413183. Retrieved 26 August 2019.
2. Black, William R. "How Watermelons Became a Racist Trope". *The Atlantic*. The Atlantic Monthly Group. Retrieved 8 March 2020.
3. Greenlee, Cynthia (29 August 2019). "On eating watermelon in front of white people: 'I'm not as free as I thought'". *Vox*. Retrieved 29 August 2019.
4. "Production of Seedless Watermelons". US Department of Agriculture. 15 June 1971. Retrieved 31 May 2017.
5. Naeve, Linda (December 2015). "Watermelon". *agmrc.org*. Agricultural Marketing Resource Center. Retrieved 31 May 2017.
6. Brickell, Christopher (ed) (1992). *The Royal Horticultural Society Encyclopedia of Gardening* (Print). London: Dorling Kindersley. p. 333. ISBN 978-0-86318-979-1.
7. ^ Jump up to: ^a ^b "Watermelon Variety Descriptions". *Washington State University*. Retrieved 2 October 2014.
8. ^ Jump up to: ^a ^b "Square fruit stuns Japanese shoppers". *BBC News*. 15 June 2001.
9. ^ "Square watermelons Japan. English version". *YouTube*. 6 November 2013. Retrieved 3 August 2014.
10. ^ Jump up to: ^a ^b ^c Porcher, Michel H. "Multilingual Multiscript Plant Name Database". *Sorting Citrullus names*. Retrieved 17 October 2013.
11. ^ "Citrullus lanatus (watermelon)". *Royal Botanic Gardens (Kew)*. Retrieved 17 October 2013.
12. ^ "The Plant List: A Working List of All Plant Species". Retrieved 16 April 2014.
13. ^ Jump up to: ^a ^b ^c ^d ^e ^f ^g "Citrullus lanatus (Thunb.) Matsum. & Nakai". *South Africa National Biodiversity Institute*. Retrieved 17 October 2013.
14. ^ "A Systematic Treatment of Fruit Types". *Worldbotanical.com*. Retrieved 7 October 2014.
15. ^ Jump up to: ^a ^b ^c ^d ^e ^f Maynard, David; Maynard, Donald N. (2012). "6: Cucumbers, melons and watermelons". In Kiple, Kenneth F.; Ornelas, Kriemhild Coneé (eds.). *The Cambridge World History of Food, Part 2. Medical History*. 46. Cambridge University Press. pp. 267–270. doi:10.1017/CHOL9780521402156. ISBN 978-0-521-40215-6. PMC 1044500. PMID 16562324.
16. ^ Jump up to: ^a ^b ^c ^d ^e "Citrullus lanatus (Thunb.) Matsum. & Nakai". *South Africa National Biodiversity Institute*. Retrieved 4 October 2014.
17. ^ Parsons, William Thomas; Cuthbertson, Eric George (2001). *Noxious Weeds of Australia* (2nd ed.). Collingwood, Victoria: CSIRO Publishing. pp. 407–408. ISBN 978-0643065147. Retrieved 17 April 2014.
18. ^ Bailey LH. 1930. Three discussions in Cucurbitaceae. *Gentes Herbarum* 2: 175–186.
19. ^ Chomicki, G.; S. S. Renner (2014). "Watermelon origin solved with molecular phylogenetics including Linnaean material: Another example of museumics". *New Phytologist*. 205 (2): 526–32. doi:10.1111/nph.13163. PMID 25358433.
20. ^ Renner, S. S.; G. Chomicki & W. Greuter (2014). "Proposal to conserve the name *Momordica lanata* (Citrullus lanatus) (watermelon, Cucurbitaceae) with a conserved type, against *Citrullus battich*". *Taxon*. 63 (4): 941–942. doi:10.12705/634.29.
21. ^ "Citrullus vulgaris Schrad.". *The International Plant Names Index*. retrieved 26 September 2019
22. ^ Renner, S. S., A. Sousa, and G. Chomicki. 2017. Chromosome numbers, Sudanese wild forms, and classification of the watermelon genus *Citrullus*, with 50 names allocated to seven biological species. *Taxon* 66(6): 1393-1405.
23. ^ "Momordica lanata Thunb.". *Australian Plant Name Index* (APNI), IBIS database. Centre for Plant Biodiversity Research, Australian Government, Canberra. Retrieved 17 October 2013.
24. ^ "Citrullus lanatus (Thunb.) Matsum. & Nakai". *Australian Plant Name Index* (APNI), IBIS database. Centre for Plant Biodiversity Research, Australian Government, Canberra. Retrieved 17 October 2013.
25. ^ S. S. Renner, Watermelon origin solved with molecular phylogenetics including Linnaean material: another example of museumics (2015) <https://nph.onlinelibrary.wiley.com/doi/full/10.1111/nph.13163>
26. ^ "An African Native of World Popularity". *Texas AgriLife Extension Service, Texas A&M University*. 2019. Retrieved 5 February 2020.

27. [^] Zohary, Daniel and Hopf, Maria (2000) *Domestication of Plants in the Old World*, third edition, Oxford University Press, p. 193, [ISBN 0-19-850357-1](#).
28. [^] Porcher, Michel H. "[Multilingual Multiscript Plant Name Database](#)". Sorting *Citrullus* names. Retrieved 17 October 2013.
29. [^] "[Citrullus lanatus \(watermelon\)](#)". Royal Botanic Gardens (Kew). Retrieved 17 October 2013.
30. [^] "[Vegetable Research & Extension Center – Icebox Watermelons](#)". Retrieved 2 August 2008.
31. [^] Jump up to:^a ^b "[Heaviest watermelon](#)". [Guinness World Records](#). Retrieved 2 July 2015.
32. [^] "[Watermelon growing contest](#)". Georgia 4H. The University of Georgia College of Agricultural and Environmental Sciences. 2005. Retrieved 5 October 2014.
33. [^] "[Golden Midget Watermelon](#)". Archived from [the original](#) on 11 October 2007. Retrieved 5 October 2014.
34. [^] "[Orangeglo Watermelon](#)". Archived from [the original](#) on 27 September 2007. Retrieved 23 April 2007.
35. [^] "[Moon and Stars Watermelon Heirloom](#)". rareseeds.com. Archived from [the original](#) on 17 December 2007. Retrieved 15 July 2008.
36. [^] Evans, Lynette (15 July 2005). "[Moon & Stars watermelon \(Citrullus lanatus\) — Seed-spittin' melons makin' a comeback](#)". *The San Francisco Chronicle*. Archived from [the original](#) on 13 October 2007. Retrieved 6 July 2007.
37. [^] "[Moon and Stars Watermelon](#)". Archived from [the original](#) on 2 June 2007. Retrieved 23 April 2007.
38. [^] "[Watermelon, Cream Saskatchewan](#)". seedsavers.org. Archived from [the original](#) on 21 February 2009.
39. [^] "[Melitopolski Watermelon](#)". Archived from [the original](#) on 27 September 2007. Retrieved 23 April 2007.
40. [^] Hosaka, Tomoko A. (6 June 2008). "[Black Jap](#)".
41. [^] Todd C. Wehner (2008). "12. Watermelon". In Jaime Prohens and Fernando Nuez (ed.). *Handbook of plant breeding. Volume 1, Vegetables. I, Asteraceae, Brassicaceae, Chenopodiaceae, and Cucurbitaceae. Handbook of Plant Breeding. 1*. Springer. pp. 381–418. [doi:10.1007/978-0-387-30443-4_12](#). [ISBN 978-0-387-72291-7](#).
42. [^] "[Watermelon developer dies at 101](#)". *Post and Courier*, 16 July 2007
43. [^] "[Florida produces more watermelon than any other state](#)". 16 July 2019.
44. [^] "[Good reasons for icebox melons](#)". *The Free Library*. Sunset. 1 May 1985. Retrieved 4 October 2014.
45. [^] Jump up to:^a ^b ^c "[Watermelon production in 2017, Crops/Regions/World list/Production Quantity \(pick lists\)](#)". UN Food and Agriculture Organization, Corporate Statistical Database (FAOSTAT). 2018. Retrieved 25 August 2019.
46. [^] "[Watermelon](#)". *g Marketing Resource Center*, US Department of Agriculture, Iowa State University. 2017. Retrieved 9 May 2017.
47. [^] "[Top 10 ways to enjoy watermelon](#)". *Produce for Better Health Foundation*, Centers for Disease Control, US National Institutes of Health. 2017. Retrieved 9 May 2017.
48. [^] Ogodo, A. C.; Ugbogu, O. C.; Ugbogu, A. E.; Ezeonu, C. S. (2015). "[Production of mixed fruit \(pawpaw, banana and watermelon\) wine using Saccharomyces cerevisiae isolated from palm wine](#)". *SpringerPlus*. **4**: 683. [doi:10.1186/s40064-015-1475-8](#). [PMC 4639538](#). [PMID 26576326](#).
49. [^] Shiu-ying Hu (2005). *Food Plants of China*. Chinese University Press. p. 125. [ISBN 978-962-996-229-6](#).
50. [^] *The Asian Texans* By Marilyn Dell Brady, Texas A&M University Press
51. [^] Bryant Terry (2009). *Vegan Soul Kitchen: Fresh, Healthy, and Creative African-American Cuisine*. Da Capo Press. p. 46. [ISBN 978-0-7867-4503-6](#).
52. [www.britannica.com › plant › olive-plant](#)
53. [Origin and History of the Olive | IntechOpen](#)
54. [www.intechopen.com › books › origin-and-history-of-the-olive](#)
55. [https://www.healthline.com/nutrition/11-proven-benefits-of-olive-oil](#)
56. [www.tib-e-nabi-for-you.com](#)
57. [^] *Hort, Sir Arthur (1916). Theophrastus Enquiry into Plants. William Heinemann. p. 107.*
58. Abdelhafiz and Muhamad, 2008
59. A.T. Abdelhafiz, J.A. MuhamadMidcycle pericoital intravaginal bee honey and royal jelly for male factor infertility
60. *Int. J. Gynaecol. Obstet.*, 101 (2) (2008), pp. 146-149
61. ArticleDownload PDFCrossRefView Record in ScopusGoogle Scholar
62. Ahmad, 2016
63. K. AhmadUpdate on pediatric cough
64. *Lung*, 194 (2016), pp. 9-14
65. CrossRefView Record in ScopusGoogle Scholar
66. Akan and Garip, 2011
67. Z. Akan, A. GaripProtective role of quercetin: antioxidants may protect cancer cells from apoptosis and enhance cell durability
68. *WebmedCentral*, 2 (1) (2011)
69. WMC001504
70. Google Scholar

Research: -

SCIENCE & HADEES REGARDING MELONS: -

Melons are one of the best recommendations for health Nabi ﷺ has given us. Melons are one of the fruits rich in both vitamin C and Beta-Carotene. In addition, half a melon contains 825 milligrams of potassium (24% of the USRDA). The body uses potassium to help eliminate excess sodium, which in large amounts can cause blood pressure to rise. In fact, in an international study of more than 10,000 people, researchers found that those with the highest potassium levels had the lowest blood pressures. In addition, potassium helps keep the body's LDL (dangerous cholesterol) from sticking to the arterial walls. Melons also provide a very rare nutrient called folate, B complex, which is essential in combating birth defects and heart disease. "Prevention's New Foods for Healing guide" mentions a study of almost 4,000 mothers that revealed that those who got enough folate were 60% less likely to have children with brain and spinal cord defects. Additionally, men can benefit from folate too. It controls the levels of a chemical called "homocysteine" in the body, which when allowed existing in excess can contribute to artery clotting and thus heart disease.

WATERMELON & DATES TOGETHER: -

Match the nutrition of both & judge both are opposite to each other & both in combination make a perfect nutrition. This is miracle of Sunnah of Prophet ﷺ eating both together.

Nutritional value of dates. 100 grams of dates has 282 calories.		Nutritional value of watermelon. 100 grams of dates has 30 calories only	
Water content in dry dates	10% to 20%.	Water content is dry dates	92%
Total Fat 0.4 g	0%	Total Fat 0.2 g	0%
Saturated fat 0 g	0%	Saturated fat 0 g	0%
Polyunsaturated fat 0 g		Polyunsaturated fat - 0 g	
Monounsaturated fat 0 g		Monounsaturated fat - 0 g	
Cholesterol 0 mg	0%	Cholesterol 0 mg	0%
Sodium 2 mg	0%	Sodium 1 mg	0%
Potassium 656 mg	18%	Potassium 112 mg	18%
Total Carbohydrate 75 g	25%	Total Carbohydrate 8 g	25%
Dietary fiber 8 g	32%	Dietary fiber 0.4 g	32%
Sugar - 63 g		Sugar - 6 g	
Protein 2.4 g	4%	Protein 0.6 g	4%
Vitamin A	0%	Vitamin A	11%
Vitamin C	%	Vitamin C	13%
Calcium	3%	Calcium	0%
Iron	5%	Iron	1%
Vitamin D	0%	Vitamin D	0%
Vitamin B6	10%	Vitamin B6	0%
Magnesium	10%	Magnesium	2%

CONCLUSION: -

1. Eat Dates with Watermelon together or eat Musk melon with Dates. Coolness of Melon beats the heat of dates. Eat it on empty stomach.